

## NEVADA STATE BOARD OF EXAMINERS FOR MARRIAGE & FAMILY THERAPISTS AND CLINICAL PROFESSIONAL COUNSELORS

7324 W Cheyenne Ave #10 Las Vegas, Nevada 89129 Office: (702) 486-7388 FAX: (702) 486-7258 http://marriage.nv.gov

## FORM #1

## MFT SIX-MONTH INTERNSHIP REPORT FROM PRIMARY SUPERVISOR

Intern's name (print) Intern license number Signature INTERNSHIP PROGRESS REPORTS MUST BE SUBMITTED BY EACH MARCH 15<sup>TH</sup> AND SEPTEMBER 15<sup>TH</sup> of each year to the Board Office throughout the duration of the internship. Failure to submit reports may void the internship. hrs 1. Direct marriage and family therapy supervision Primary Secondary (Minimum of 300 hours total, required) (this six-month reporting period) \_\_hrs 2. Marriage and family therapy (with clients) Add these hours together and (Minimum of 1500 hours, total required) place total in blank #1 to the left \_hrs 3. Group therapy (Maximum 600 hrs, no minimum) hrs 4. Personal therapy (Maximum 150 hrs, no minimum) \_hrs 5. Documented teaching approved by Primary supervisor (parent/family education, workshops) (Maximum 200 hrs, no minimum) \_\_hrs 6. Additional training (University graduate work, approved workshops) approved by Primary supervisor (Maximum 200 hrs) TOTAL HOURS (this six-month reporting period) \_\_\_\_Total accumulated hours to date **INTERN'S PROGRESS** Supervisor Notes: Sufficient progress \_Needs further training Insufficient progress I hereby certify that the hours reported in the categories indicated above were performed under my supervision in the period from \_\_\_\_\_\_to \_\_\_\_\_ (dates) Primary supervisor's name (Print) License number Signature of Supervisor Phone Cell Phone Address